

Warren County Tuition Reimbursement Voucher  
 Warren County Municipal Center  
 1340 State Route 9  
 Lake George, New York 12845  
 Tax Exempt No. 14-6002576

Department: \_\_\_\_\_  
 Purchase Order No: \_\_\_\_\_

Reso # \_\_\_\_\_  
 Code(s): \_\_\_\_\_

Vendor #: \_\_\_\_\_  
 Employee Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Course/Book Titles	Total Costs (Including Fees)	Financial Aid/ Scholarships	Total Cost to Employee
	Total Reimbursement Amount		\$0.00

I, \_\_\_\_\_, certify that the above reimbursement in the amount of \$\_\_\_\_\_ is true and correct; that I have adhered to the Warren County Job Related Course Policy and that I am entitled to the above reimbursement amount.

Employee Signature: \_\_\_\_\_

**Department Approval**  
 Approved by: \_\_\_\_\_

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Date \_\_\_\_\_ Signature \_\_\_\_\_

**Approval for Payment:**

This claim is approved and ordered paid from the Appropriations indicated above.

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Date \_\_\_\_\_ Warren County Auditor

Documents executed, scanned and transmitted electronically and electronic signatures shall be deemed original signatures for purposes of this voucher and all matters related thereto, with such facsimile, scanned and electronic signatures having the same legal effect as original signatures.